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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0003 Grant Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 7 1074 No Cervantes, Maria 2.25 7 1075 Worrell, Kelly No 3.75 7 1076 No Spoon, Jeannie 0.75

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

1.00

State	
District	
County	

DUE	
DATES	

11

2156

No

Schonsberg, Kelly

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent DATES: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0007 Wise River Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 11 1085 No Page, Shawna 1.40 11 1086 No Kidd, Jodi M 0.25 11 1087 Lamey, Kari 0.25 No 1088 Larson, Veva & Sean 11 No 1.00 1089 Ruth, Penny & Scott 11 No 2.50 11 1090 No Mathewson, Skip 0.25 1091 11 No Stradtman, Karla 2.50 11 1092 Trejo, Joan M 0.50 No 1093 Ventres, Elena 11 No 1.55 Russell, Sharlene 11 1240 No 4.75

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12

1098

No

Krug, Vila

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

3.00

State	
District	
County	

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16

16

16

1106

2387

2388

No

No

No

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

8.50

0.50

8.25

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0010 Wisdom Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 16 1072 No Richen, Kevin & Elisa 3.50 1073 Avila, Aurora 16 No 3.50 16 1099 No Hensley, Zina 1.15 Bacon, Patti 1100 16 No 8.25 1101 Kirkpatrick, Dennis 16 No 10.00 16 1102 No Perry, Margaret 8.25 1103 Reese, Mikal 0.25 16 No 1104 No Smedley, Mariah 2.50 16 1105 Weaver, Darrell 16 No 2.00

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Wetzsteon, Joie

Saarela, Courtney A

Towery, Kari

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0012 Polaris Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 21 1107 No Finch, Kimberly 4.50 21 2410 Cain, Debi No 1.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0014 Jackson Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 24 1108 No Folsom, Tracy 2.25 24 1109 No Hirschy, Lynn 9.75 24 1110 No Lula, Leslie 0.50 24 1111 No Peterson, Clay 2.75 1112 Peterson, Deanna 24 No 1.50 24 1113 No Peterson, Mike D 2.50 1659 Greene, Tammy 24 No 8.25 24 1660 Hurst, Linda No 0.50 24 2272 Tucker, Leah No 3.50